

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006324

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

721

STATE FILE NUMBER

VS 300
Rev. 4/59

1

23858

3

4 1

5 1

6

7 0

8 0

94201

10

11

12 61-0

13

DATE AMENDED

4/10/63

4/10/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

F.H.C. Niedringhaus

Rose Schleuter

F.H.C. Niedringhaus

Rose Schleuter

SHOULD READ

F.H.C. Niedringhaus

Rose Schleuter

BY AFFIDAVIT OF INFORMANT

M. Friedman

Medical Certification

21a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 4, 1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Mo.

24. FUNERAL DIRECTOR

Mellody-McGilley-Eylar Funeral Home

25. DATE RECD. BY LOCAL REG.

2-4-63

26. REGISTRAR'S SIGNATURE

Ruth Long

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Kansas City

Length of stay in 1b

18 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Menorah Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

445 West Dartmouth

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

RUTH

Middle

A.

Last

BENSON

4. DATE OF DEATH

Month

Feb.

Day

1

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 9, 1913

9. AGE (last birthday)

49

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Niedringhaus

13b. MOTHER'S MAIDEN NAME

Schlueter

14. NAME OF HUSBAND OR WIFE

Maurice E. Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

4 Maurice E. Benson, 445 West Dartmouth

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

s.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-28-63 to 2-1-63 and last saw her alive on 2-1-63. Death occurred at 2-1-63 12:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.H. Friedman M.D.

22b. ADDRESS

701 E. 63

K.C. Mo.

22c. DATE SIGNED

2-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 4, 1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR

Mellody-McGilley-Eylar Funeral Home

25. DATE RECD. BY LOCAL REG.

2-4-63

26. REGISTRAR'S SIGNATURE

Ruth Long

Woodland-Linwood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. M. J. Friedman
will sign at
Memorials Hall
Sat. P. M. 7:00
at informant's

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lloyd F. Dickinson

Licensed Embalmer No. 5120

P. O. Address K. C. 11, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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